



**STATE OF  
OHIO**  
BOARD OF PHARMACY

## **eLicense Guide: Dispensary Employee Renewal**

**Updated 9-3-2020**

### **Required Information and Documentation:**

- Tax Authorization Form, found [here](#). (*Associated Key Employee only*)
  - Criminal conviction or disciplinary action documentation (*if applicable*)
  - Valid payment via credit card (Visa, MasterCard, or Discover)
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### **Accessing the Renewal Application:**

1. Access the portal using the eLicense system at <https://elicense.ohio.gov/>
  2. Login to your current license account, if you do not yet have an eLicense account, please visit [www.pharmacy.ohio.gov/elicenseinstruct](http://www.pharmacy.ohio.gov/elicenseinstruct) for guidance on how to register.
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### **Completing the Renewal Application:**

1. **ELIGIBILITY:** Answer the eligibility question and then 'Proceed to Application'.
2. **PERSONAL INFORMATION:** Ensure all personal information is current and select 'Next'.
3. **APPLICATION QUESTIONS:** This section will have (1) question related to continuing education, as well as Legal/Disciplinary Action questions. Answer all questions truthfully and select 'Next'.
4. **ATTACHMENTS:** This section will have attestation button(s), regarding continuing education (if applicable) and Third Party Database Enrollment. Dependent on specific answers in the QUESTIONS section, you may also be required to upload documentation – if required, upload the required documentation then select 'Next'.
5. **REVIEW & SUBMIT:** Select the 'Consent to Electronic Signature' check box and Type your first and last name in the box provided. Select Submit to proceed to payment.
6. **CART:** Click the 'Select All' check box then 'Continue' to checkout then 'continue' again to proceed to the payment screen.
7. **PAYMENT SCREEN:** Fill in all applicable information in the payment information and billing information sections of the payment screen and select 'Continue' then select 'Submit' on the next screen.

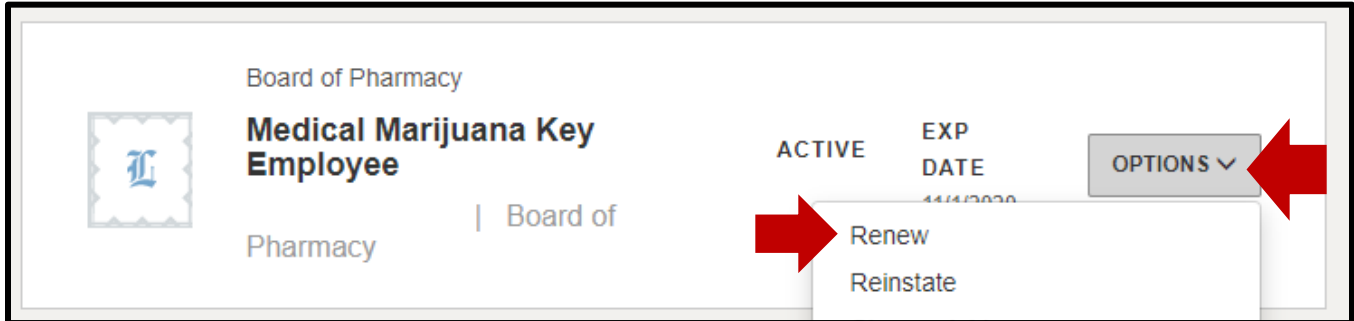
If you need help or have questions pertaining to your renewal application please e-mail [licensing@pharmacy.ohio.gov](mailto:licensing@pharmacy.ohio.gov), for fastest response time.

**If you need help logging in to your eLicense account, registering, or any other technical issues with eLicense Ohio, please call the eLicense Customer Service Center at 855-405-5514, Monday – Friday, 8:00am to 5:00pm EST.**



**EMPLOYEE RENEWAL APPLICATION:**

From your dashboard, select **OPTIONS** from your Employee License Tile. Then select **'Renew'**.



**ELIGIBILITY:**

Answer eligibility questions, then select **'Proceed to Application'**.

***ASSOCIATED KEY EMPLOYEE:***

<h3>Eligibility</h3> <p>By answering the following questions, eligibility for the license application will be determined. Confirmation will be noted if eligibility is met.</p>	<p>Do you currently hold a position of owner, officer, board member, and/or other individual who exercises substantial control of a licensed medical marijuana dispensary and is required to hold a Associated Key Employee license by the Board?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
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***KEY EMPLOYEE:***

<h3>Eligibility</h3> <p>By answering the following questions, eligibility for the license application will be determined. Confirmation will be noted if eligibility is met.</p>	<p>Do you currently serve in the role of manager, designated representative, or other responsible role for the administration of the daily operation of a licensed medical marijuana dispensary?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
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***SUPPORT EMPLOYEE:***

<h3>Eligibility</h3> <p>By answering the following questions, eligibility for the license application will be determined. Confirmation will be noted if eligibility is met.</p>	<p>Do you currently serve in the role of support staff (clerk, teller, assistant, etc.) in a licensed medical marijuana dispensary?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
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## **PERSONAL INFORMATION:**

*Review and ensure all personal information is correct, including both mailing and public addresses.*

Personal Information    Questions    Attachments    Review - Submit

### Personal Information

Provide the necessary personal information in the fields to the right. All fields with (\*) are required and must be completed to continue the application process.

Title

First Name  \*

Middle Name

Last Name  \*

Suffix

Maiden Name

Social Security Number  \*

Date of Birth  \*

Email Address  \*

Other Phone Number

Phone Number  \*

## Additional Information

Provide the necessary additional information in the fields to the right. All fields with (\*) are required and must be completed to continue the application process. If you were born in the United States, you will need to list the city and state where you were born.

Please list all other aliases.

What is your gender?

\*  ▼

What is your ethnicity?

▼

In which country were you born?

\*  ▼

In which state were you born (if United States)?

▼

In which city were you born?

## License Mailing Address

Select a license mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Board for this license). To add a new address, click Add Address, complete the required fields, and click SAVE.

✔ ADDRESS SAVED  
SUCCESSFULLY

77 S High St  
Columbus OH 43215-6108  
Franklin  
United States

 USE DIFFERENT ADDRESS

## License Public Address

Select a public license mailing address by clicking the appropriate checkbox to the right (this is the address that will be viewable by the public). To add a new address, click Add Address, complete the required fields, and click Save.

✔ ADDRESS SAVED  
SUCCESSFULLY

77 S High St  
Columbus OH 43215-6108  
Franklin  
United States

 USE DIFFERENT ADDRESS

## Military Service

If you are a U.S. Veteran, active duty or reserves service member, or the spouse of one, you and/or your spouse may be eligible for certain benefits under Ohio licensing laws, rules, or policies. Benefits may include: the consideration of military experience and training towards professional and experience requirements, Priority of service, expedited services, waiver or reduction of licensing fees, extended time allowances, temporary licensing, etc.

Have you served in the military?

\* --None--

If you answered "Yes", are you currently serving in the military?

\* --None--

Has your spouse served in the military?

\* --None--

If you answered "Yes", are they currently serving in the military?

\* --None--

I decline to Answer these questions and I understand by not answering, I may not receive expedited/priority licensing service, temporary licensure, extended time allowances, or a waiver of fees, if applicable, for me or my eligible spouse.

Ohio Department of Veterans Services

OhioMeansJobs

Once all information is populated, select '**Save and Continue**'.

**APPLICATION QUESTIONS:**

Answer all application questions and select '**Save and Continue**'.

Have you completed the required 16 hours of continuing education as required in section 3796:6-3-19 of the Ohio Administrative Code?

In the last 3 years, have you served, or are you currently serving as an owner/officer/board member of another medical marijuana entity in Ohio or the United States?

 Yes  No

In the last 3 years have you had ownership or financial interest, or do you currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

 Yes  No

In the last 3 years, have you been convicted of, or are charges pending for, a disqualifying offense as defined in rule 3796:1-1-01 of the Ohio Administrative Code under state or federal law or the equivalent thereof in any other international jurisdiction? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section 2953.32 of the Revised Code, expunged, or the equivalent thereof in another jurisdiction or under prior Ohio law.

Yes

No

In the last 3 years, have you been convicted of, or are charges pending for, any felony offense under state or federal law or the equivalent thereof in any other international jurisdiction (not already disclosed in this application)?

Yes

No

In the last 3 years, have you been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude as defined in section 4776.10 of the Ohio Revised Code?

Yes

No

In the last 3 years, have you been denied a registration, license, authorization, or the equivalent thereof by an appropriate issuing body of any state, federal, or other jurisdiction, or is any action pending?

Yes

No



In the last 3 years, have you been the subject of an investigation or disciplinary action by an appropriate issuing body of any state, federal, or other jurisdiction that resulted in the surrender, suspension, revocation, or probation of your license or registration?

Yes

No

In the last 3 years, have you been the subject of any disciplinary action by an appropriate issuing body of any state, federal, or other jurisdiction that was based in whole or in part, on your prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any action pending?

Yes

No

In the last 3 years, have you been the subject of any action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, test, recommend, or dispense medical marijuana in any state?

Yes

No

In the last 3 years, have you been the subject of any civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, test, recommend, or dispense medical marijuana in any state?

Yes

No

In the last 3 years, have you been accused in any state, federal, or other jurisdiction of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana by fraud, misrepresentation, or the submission of false information?

Yes

No

In the last 3 years, have you been the subject of any civil or administrative action relating to your profession or occupation in any state, federal, or other jurisdiction?

Yes

No

**ATTACHMENTS:**

Read and attest to the following: *Note: the Continuing Education Attestation may not be required depending on your role within the dispensary.*

Third Party Database Enrollment

I authorize the State of Ohio Board of Pharmacy to conduct a review and/or enroll me in a third-party database that monitors publicly available database for arrests and criminal convictions.

**ATTEST**

Continuing Education Attestation

I attest that I have completed the required 16 hours of continuing education as required in 3796:6-3-19 of the Ohio Administrative Code?

**ATTEST**

If applicable, you will be asked to upload attachments for your license application. If an attachment is required, a description and 'ADD ATTACHMENT' button will be populated. **If nothing is displayed under the attachments section, simply select 'Save and Continue' to advance to the next screen.**

Required Attachment Example:

<p>Legal Action Documentation</p> <p>Copy of the citation, charging instrument and the final judgment entry for each occurrence.</p> <p style="text-align: right;"><b>ADD ATTACHMENT</b></p>
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**REVIEW & SUBMIT:**

<p>Application Review</p>	<p>Completed</p>
<p>Attestation</p>	<p>I declare under penalties of falsification as set forth in Chapters 2921., 3715., 3719., 3796., and 4729. of the Ohio Revised Code that I am the individual identified as the applicant in this application and that the information, answers, and documents submitted with this application are true, correct, and complete. With the submission of this application, I authorize the State of Ohio Board of Pharmacy to conduct a review and/or enroll me in any third-party database that monitors publicly available databases for arrests and criminal convictions. I hereby acknowledge that as a licensed dispensary employee I shall submit to the jurisdiction of the State of Ohio Board of Pharmacy and to the laws of this state for the purpose of enforcement of Chapters 2925., 3715., 3719., 3796., and 4729. of the Ohio Revised Code and all related laws and rules.</p> <p>Consent to Electronic Signature</p> <p><input type="checkbox"/> I accept</p>
	<p>Type your First Name and Last Name as they appear on the application to sign electronically.</p> <p>JANE DOE</p>

## Submit your Application

After clicking the 'Submit' button below, you will no longer be able to change this application. **PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA.** If you want to return to your application, simply log out and log back in.

If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.

SAVE & FINISH LATER

SUBMIT



### **CART & PAYMENT:**

Select the 'License Renewal/Reinstatement' fee check box

Select All

License Renewal/Reinstatement Fee for

Type	Created Date	Licensee Name	Amount	Amount Outstanding	Waived Amount	State/Province	Reason for Submitting Service Request
Medical Marijuana Key Employee - Renewal Fee	9/1/2020 12:29 PM		\$250.00	\$250.00			
eLicense System Transaction Fee	9/1/2020 12:29 PM		\$3.50	\$3.50	\$0.00		

Select '**Continue**' and follow the prompts to complete payment.

Upon successful completion of renewal application and payment, your license will be automatically renewed and you will receive an e-mail confirmation.